

**Rhode Island Department of Behavioral Healthcare,
Developmental Disabilities and Hospitals**

Notice of Privacy Practices

**This notice describes how medical information about you may be used
and disclosed and how you can get access to this information.
Please review it carefully.**

A federal regulation, known as the “Health Insurance Portability and Accountability Act Privacy Rule” requires that we provide in writing a detailed notice of our privacy practices. This notice explains how, when and why we may use or disclose medical information. We are required to abide by the terms of the notice currently in effect. This notice is effective on April 14, 2003. If this notice is changed, we will post copies in our service locations. We will also provide you with a copy of the revised notice upon your request.

Our professional ethics, policies, federal regulation and law require that we maintain the privacy of individually identifiable health information relating to:

- Your past, present, or future physical or mental health or condition the provision of health care to you
- The past, present, or future payment for the provision of health care to you
- Any information that identifies an individual, or for which there is a reasonable basis to believe it can be used to identify the individual

Throughout this notice, we refer to individually identifiable health information as “protected health information” (PHI).

Our Commitment to Protecting Health Information About You

Your health information is important and confidential. It is the policy of BHDDH to protect your PHI by adopting reasonable safeguards. Examples include:

- Records containing PHI are kept in a secure location and only people with a need to know are permitted access to them
- Access privileges for computer based PHI
- Discussions involving PHI are conducted in locations and in a manner to maximize privacy and confidentiality
- Staff training and education

How We May Use and Disclose Your Protected Health Information (PHI)

We may use and disclose your Protected Health Information in several circumstances. We have a limited right to use and/or disclose your PHI for purposes of treatment, payment or our own health care operations without your authorization. The following segment offers more description and some examples of our potential uses or disclosures of your Protected Health Information:

- **For treatment:** We *may* use and disclose PHI about you in order to provide, coordinate, or manage your health care and related services by one or more health care provider, including consultation between providers and referrals to another provider for health care. For example, we may use and disclose your PHI among members of your treatment team and case manager. Your PHI may also be shared with health care and service providers outside BHDDH when you need lab work or x-rays or medication, or to community health agencies
- **For payment:** We may use or disclose your PHI for activities undertaken to obtain or provide payment or reimbursement for health care, including determinations of eligibility or coverage, billing collection activities, medical necessity determinations and utilization review. For example, before providing treatment or services, we may share details and release portions of your PHI to the Department of Human Services, or a private insurer concerning the services you are seeking to receive or are scheduled to receive
- **For health care operations:** We may use or disclose PHI about you as needed to run our department on a daily basis and to make sure that you receive quality care. For example, we may use your PHI for:
 1. Quality assessment and improvement activities relating to treatments and services we provide, including case management and care coordination; Competency assurance activities, including accreditation, licensure, and credentialing of health care workers taking care of you and other patients;
 2. Conducting or arranging for medical reviews, audits, health care review or
 3. Legal services including incident detection and compliance programs;
 4. Staff training & education;
 5. Business planning, development management and administration as permitted by law;
 6. Communicating with you via telephone or letter with information about your care.

Other Uses And Disclosures of PHI We Can Or Are Required To Make Without Your Written Authorization

- **When required by law:** For example, we may use and disclose PHI when a law requires that we report information about suspected abuse, neglect or domestic violence, or in response to a court order, or for the protection of a missing patient or others. We must also disclose PHI to authorities that monitor compliance with these privacy requirements.
- **For public health activities:** For example, we may use or disclose PHI to the public health authority such as the RI. Department of Health about activities related to public health, including disease or injury reporting, or to report medical device failures, or report vital statistics.
- **Relating to decedents:** For example, we may disclose PHI to medical examiners and limited PHI to funeral directors.
- **For health oversight activities:** For example, we may disclose PHI to government agencies authorized by law to monitor the health care system for such purposes as reporting or investigation of incidents, surveys, and monitoring government benefits programs.
- **For research purposes:** For example, in limited circumstances and under certain conditions we may use and disclose PHI in order to assist medical/psychiatric research.
- **To avert threat to health or safety:** For example, within certain guidelines, we may use or disclose PHI to law enforcement or other persons who can reasonably prevent or lessen a serious and imminent threat to the health and safety of a person.
- **For specific government functions:** For example, we may disclose PHI to the Secretary of the United States Department of Health and Human Services (DHHS) when the Secretary is investigating or determining our compliance with the HIPAA Privacy Regulation, to correctional facilities for purposes permitted by law, to government benefit programs relating to eligibility and enrollment, and for national security reasons.
- **Lawsuits and other legal proceedings:** For example, we may disclose PHI in response to a court order.

Other Uses and Disclosures of PHI Require Your Written Authorization

- **Facility Directories:** We will ask for authorization before we list and disclose your name, location and general condition in our directories. However, law does permit disclosure even without your consent under particular circumstances and only to specific people.

- **Families, relatives or close personal friends** seeking information more extensive than directory information requires authorization.

Other uses and disclosures of PHI about you will only be made with your written authorization or “signed permission” unless the law permits or requires use or disclosure without your authorization. If you have authorized us to use or disclose PHI about you, you may revoke your authorization at any time, except to the extent we have taken action based on the authorization. If you need assistance, please contact the appropriate Privacy Official.

Your Rights Regarding Protected Health Information About You

You have the following rights under law regarding PHI about you:

- **Right to receive this notice:** You have the right to receive a paper copy of this notice upon request. Any new notice will be effective for all individually identifiable health information that we maintain at that time.
- **Right to Request Restrictions:** You have the right to ask that we limit how we use or disclose your PHI. We will consider your request, but are not legally bound to agree to the restriction. To the extent that we do agree to any restrictions on our use/disclosure of your PHI, we will put the agreement in writing and abide by it except in emergencies. We cannot agree to limit uses/disclosures that are required by law. You may cancel the restrictions at any time.
- **Right of Access to Inspect and Copy:** Unless your access to your records is restricted for documented reasons related to your care and treatment, or as prohibited by law, you have a right to request an opportunity to review and obtain a copy of your protected health information upon your written request. We will respond to your request within 30 days. If we deny your access, we will give you written reasons for the denial and explain any right to have the denial reviewed. If you want copies of your PHI, a charge for copying may be required.
- **Right to Request an Alternative Method of Contact:** You have the right to ask that we send you information at an alternative “or different” address or by an alternative means. We must agree to your request as long as it is reasonable for us to do so.
- **Right to have Health Care Information Amended:** You have the right to request that we amend (which means correct or add) health care information about you that we maintain. If you believe that we have information that is either inaccurate or incomplete, we may amend the information to indicate the change. If we accept an amendment request, we will make reasonable efforts to provide the amendment to persons identified as needing it. We may deny the request if we determine that the PHI (1) is correct and complete; (2) was not created by us and/or not part of our records; or (3) is not

available for inspection under the Privacy Rule of law. We will explain our reason for doing so in writing, and explain your rights and our responsibilities. You must submit your request in writing. We will respond within 60 days of receiving your request unless we inform you in writing of the reasons for further delay.

- **Right to Receive an Accounting of Disclosures:** Certain disclosures of your PHI require us to document when, to whom, for what purpose, and what content of your PHI has been released. You have a right to request an accounting of disclosures. The list also will not include any disclosures specifically excepted by law or disclosures made before April 14, 2003. We will respond to your written request for such a list within 60 days of receiving it. There will be no charge for up to one such list each year. There may be a charge for more frequent requests.

Complaints About Our Privacy Practices

If you think we may have violated your privacy rights, or you disagree with a decision we made about your privacy rights, please contact the agency's Privacy Official listed below. You also may file a written complaint with us or with the Secretary of the U.S. Department of Health and Human Services at 200 Independence Avenue SW, Washington D.C., 20201. We will take no retaliatory action against you if you make such complaints.

If you have questions about these rights, this notice, or complaints about our privacy practices, please ask your agency contact, or you may contact the Privacy Official within the appropriate division listed below.

BHDDH
Telephone (401) 462-6079
14 Harrington Rd
Barry Hall, Cranston, Rhode Island 02920

Eleanor Slater Hospital
Telephone (401) 462-3085
111 Howard Avenue
Cranston, Rhode Island 02920

Division of Developmental Disabilities
Telephone (401) 462-3421
14 Harrington Rd
Barry Hall, Cranston, Rhode Island 02920

Division of Behavioral Healthcare
Telephone (401) 462-2339
14 Harrington Rd
Barry Hall, Cranston, Rhode Island 02920